

APPLICATION FOR OUT-SERVICE TRAINING AUTHORIZATION

Major State Department		Agency, Institution or Unit		Agency Code
Employee's Name (Last, First, M.I.)		Social Sec. #	Position Classification	Phone Number
Duties To Which Requested Training Relates				Probation Over? Yes ____ No ____
Reason For Training Career Development <input type="checkbox"/> Job Related <input type="checkbox"/> If Approved Career Development Plan is on File, please indicate: <input type="checkbox"/>				
Please Indicate Type of Out-Service Training: <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Long Term <input type="checkbox"/> Short Term <input type="checkbox"/> Work Study <input type="checkbox"/>				

TRAINING APPLIED FOR

Name and Address of Organization Providing Training		Course Title (and Number)		Semester Hours
		Attach Brochure or Catalog Describing Course		
Duration of Training		ESTIMATE OF COST		
Beginning Date _____		State Paid Paid by Others Total		
Ending Date _____		Registration Or Tuition		
Hours of Training		Books, etc		
Working Hours _____		Travel		
After Work _____		Room and Subsistence		
Weekly Total _____		Estimated Total		
		Amount of State Expense Approved \$		Method of Travel

I Certify That The Information Given in This Application is Correct and Request Approval _____ (Signature and Date)

The appointing authority of this agency approves this application and certifies that funds are available

(Sign)

(Date)

(Title)

The Secretary of the department approves this application and recommends the training requested

(Sign)

(Date)

(Title)

The Secretary of DOP authorizes this training as consistent with policy, rules and regulations

(Sign)

(Date)

(Title)

OBLIGATED SERVICE AGREEMENT

This Obligated Service Agreement, hereinafter referred to as "agreement," is entered into by and between the below named employee and the State of Maryland.

In consideration of job assignments and benefits which may accrue hereafter, the employee agrees to the following:

1. I am interested in receiving out-service training as indicated on the reverse side of this agreement.
2. If the training is authorized, (a) I will participate in and complete the course to the best of my ability unless my withdrawal is required by or acceptable to the appointing authority of my department, agency or institution, and (b) I will remain an employee of the State of Maryland following completion of training for a period equal to three times the number of working hours spent in out-service training.
3. I agree that the number of hours spent in out-service training shall be computed by the Department of Personnel from appropriate records, and that the period of obligated service shall commence on the first work day following completion of the training.
4. It is agreed that any salary, pay or compensation paid me by the State of Maryland while undergoing full-time out-service training shall be considered a loan and such loan shall be exonerated at the rate of one month's pay for each three months of employment after completion of the training. If enrolled in a work-study program, the loan shall be exonerated at the rate of one month's pay for each one and one-half months of employment after the training period.
5. If I fail to remain an employee of the State of Maryland for the full period of obligated service, I agree to repay the State on a pro rata basis as stated in 4. above any pay or compensation due the State for my participation in this training. I understand, if in the judgment of the Secretary of Personnel my separation is necessitated by adverse, unforeseen and extenuating circumstances that impose undue personal hardship, I may be released from this agreement.
6. If, prior to the expiration date of my training or obligated service under this agreement, I enter the service of another State of Maryland agency, no reimbursement for tuition or related fees shall be due the State.
7. I agree that amounts which become due the State of Maryland as a result of my failure to meet the terms of this agreement may be withheld from any monies due me from the State of Maryland.

DATE

SIGNATURE OF EMPLOYEE

STATE OF MARYLAND

DATE

By: _____
SECRETARY OF PERSONNEL